

State of South Carolina

1333 Main Street, 5th Floor
P.O. Box 1715
Columbia, S.C. 29202-1715



TEL: (803) 737-5700
FAX: (803) 737-5764

Workers' Compensation Commission

Fine per violation beginning April 1, 2009

Medical Rating per R.67-804C(2)	\$200.00
Form 16, Agreement for Permanent Disability/Disfigurement Compensation	\$200.00
Form 17, Receipt of Compensation	\$200.00
Form 18, Periodic Report	\$200.00
Form 19, Status Report and Compensation Receipt	\$50.00
Form 20 per R.67-1603D	\$200.00
Form 51, Employer's Answer to Request for Hearing	\$200.00
Form 15 Section I, Temporary Compensation Report	\$200.00
Form 15, Section II, Temporary Compensation Report	\$200.00
Form 15S, Supplemental Report of Varying Temporary Partial Payments	\$200.00
Form 12A, First Report of Injury or Illness	\$200.00
Form 12M, Annual Minor Medical Report Clincher	\$200.00
Denial Letter	\$200.00
Failure to respond to request	\$200.00
FEIN Fines	\$200.00
Coverage Late Fines	\$200.00